



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF NURSING

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WEBSITE: DPR.DELAWARE.GOV

COLLABORATIVE AGREEMENT INFORMATION FOR ADVANCED PRACTICE NURSES

- To practice in Delaware, APN's are required to have a collaborative agreement (Section 8.4 of the Board's Rules and Regulations available online at dpr.delaware.gov). You may apply for an APN license without a collaborative agreement. However, do not start *practicing* as an APN in Delaware until you have a collaborative agreement and your APN license or a temporary permit has been issued.
- APN's must have a collaborative agreement to apply for prescriptive authority for non-controlled substances and must have prescriptive authority before being granted a controlled substance registration.

1. Enter the reason you are filing this form.

- ☐ I have applied for a Delaware Advanced Practice Nurse license but I did not have a collaborative agreement when I filed my application.
- ☐ I hold an active Delaware Advanced Practice Nurse license. My license number is: _____
I am reporting:
- ☐ New collaborative agreement.
- ☐ End of collaborative agreement.
- ☐ Change in existing collaborative agreement. Describe change: _____

2. Full Name: _____
Last First Middle Maiden

3. Address: _____
City State Zip

4. Phone: _____ Email: _____
daytime evening or cell

5. Date of Birth (month/day/year): _____ 6. Social Security Number: _____

7. Select the item that describes your collaborative agreement (check all that apply):

- ☐ A - I have healthcare facility approved clinical privileges.
- ☐ B - I have a healthcare facility approved job description.
- ☐ C - I have a written agreement with a physician, dentist, podiatrist, or licensed Delaware healthcare delivery system.

8. Enter the following information about your collaborator and then arrange for the appropriate signature in the **Certification of Collaborator Agreement** box:

Name of Person/Facility/System: _____

Address: _____

_____ **DE** _____ Phone: _____
City Zip

CERTIFICATION OF COLLABORATOR AGREEMENT

IF the APN is...	THEN the person signing this certification...
<u>Not</u> applying for prescriptive authority	may be either a designee of the health care system or a DE-licensed physician, podiatrist or dentist.
Applying <u>only</u> for prescriptive authority (non-controlled substances only)	
Applying for <u>both</u> prescriptive authority and controlled substance registration	must be DE-licensed physician, podiatrist or dentist.

I certify that a process for consultation and referral of clients has been established with the APN named on this application for licensure. I understand that this agreement remains in place until either the APN or collaborating practitioner/health care system notifies the Delaware Board of Nursing in writing that the collaborative agreement is terminated.

Name of Person Certifying to the Collaborative Agreement: _____

Signature: _____ **Date:** _____

Delaware License No. _____

9. Do you agree to report to the Board office any changes in the person, facility or healthcare system with which you have a collaborative agreement? Yes ☐ No ☐

I certify that the information above is true.

Signature of Advanced Practice Nurse: _____ **Date:** _____